MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.				FILING DATE		
(FOR USE WITH FORM PTO-875)							APPLICA	01564,236 PLICANT(S)				1-10-06		
	CLAIMS													
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1*AMENDMENT		AFTER 2 TAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	 						51			21 (2).	DD1.	HID.	DEI.	
3	-	 	1				52							
4	1	 	1	1			53 54							
5				1.1			55					 _		
6	 		1				56							
- 7 - 8	 	 		<u> </u>			57							
9		 	 				58							
10			1				59 60							
11			1				61							
12 13							62							
14		<u> </u>					63							
15			!				64							
16			1.5				66	F 7 = 15	1 3 - 2 -	-		-		
17							67							
18 19	-						68							
20							69							
21							70 71							
22							72							
23 24							73							
25 .							74							
26							75 76							
27							77							
28							78							
29 30							79							
31							80 81							
32					$\neg \neg$		82							
33							83							
34 35							84							
36					——		85							
37							86 87							
38							88	$\overline{}$		 -				
39 40							89							
41							90	\longrightarrow						
42							91 92							
43							93						-	
44							94						-	
45 46							95							
47							96			-				
48							97 98							
49							99							
50 TOTAL							100							
IND.		₩	5	#		1	TOTAL IND.		+		1		I	
TOTAL DEP.		-	a	(-	·	-	TOTAL DEP.		←		<u> </u>		_	
TOTAL CLAIMS			7				TOTAL CLAIMS							
PTO - 1360	(REV. 11/04)						100		S. DEPARTM					